WRITE

S. No. 1

88	Vil	lage or City	Poses	7191	Mo.	-
rly classificate		2FUL	L NAME	Isal	1.488	Sur
cert	And 191111111	PERSON	IAL AND	STATISTI	CAL PARTIC	CULARS
ack of	35	emak	4 COLOR	1 -	5 SINGLE, MARRIED, WIDOWED. OR DIVORC (Write the wo	TORN ED Ord)
g uo	6 0	ATE OF BIR	тн	3.00		
			***************************************	(Month)	(Day)	, 1 <u>35</u>
	7 A	GE	75	15	nos. 12	If LESS th
>	P (I b	a) Trade, pro articular kind b) General na usiness, or es which employe	d of work ature of ind stablishment	ustry in	- LALLA	
	9 E	(State or cou		ar	et &	e mad
		10 NAME OF	Jer	un!	Paul	S.
	STN	OF FATH (State or		terr	Wille	And
	PARE	12 MAIDEN OF MOTH	ER (irec	a Bli	hher
		13 BIRTHPL OF MOTH (State or	ER Country)	heat	,	-
	14	(Informant)	450 a	THE BEST	OF MY KNOW	WLEDGE
		(Addr	ess)	AM	Park	Ton
	15	Filed Jan	13 19	85 Wil	li M.C	Whiles
1			If more b	anice are	needed oddee	e State Maniel

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

82 00

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-

n Bernard	stead of street and number.)
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH	- 13- , 1935
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That	I attended the deceased from
that I last saw he alive on	1-6 - 19233
and that death occurred on the date	stated above, atm.
Orteres - selenosis. 2020	rosis
Centributory Secondary (Duration) (Signed) (Address) (Address)	yre. mos D.de 16 yre. J. Mrnos. de.
*State the Disease Causing I Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For lents or Recent Residents)	Hospitals, Institutions, Trans-
At place of death	In the State yrs mos ds.
Former or usual residence	••••••
10 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired. 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Former or Plunter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Former (rc. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Solesman. without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation (a) the kind of work and also (b) the -Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by inges, peritonacum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need (disease important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart diseose;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PL

STATE OF	MARYLA	ND-CERT	IFICATE	OF	DEATH
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n	0	31	19	5
V	U	53	1	()

1. PLACE	OF DEATH_		(Int)	
¿ County	Garrelle		Registration Dist. No.	11 5
Village	or City Jeans		No. St.	Wa
Length o	f residence in city or town whar	e death occurred vrs mo	If death occurred in a hospital or institution, give its NAME instead of street a sds. How long in U.S. if of foreign birth?yrs	nd number)
	Ω	0 10 .		11105
	NAME Comm	a vear Bull		
(a) Res	idence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	
PERS	ONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	•
()	1. Whil-	OR DIVORCED (write the word)	Jon 26 (1)	193.5
5a. If married v	vidowed, or divorced	Widow	(Month) (Day)	(Year)
HUSBAND (or) WIFE	of		22.) I HEREBY CERTIFY, That I attend	led deceased f
(4.) 11112			January 2 3rd 1935 to January 2	197
6. DATE OF BIF	RTH (month, day, and year)	ret 14 1907	I last saw h lot alive on Jan 35th 193	S death is
7. AGE	Years Months	Days If LESS than	to have occurred on the date stated above, at 2 A m.	
	27 3	1 44 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance	
8. Trada, p	rofession, or particular	1 / 101111111,	were as follows: Warnes "Pur keralis	Dage of or
SAW	orofession, or particular of work done, as SPINNER, YER, BOOKKEEPER, etc	purewark	January Vangara	193
	or husiness in which	()		
	was done, as SILK MILL, MILL, MILL, BANK, etc.	27070000	-	
ا ل	ceased last worked at occupation (month and)	11. Total time (years) spent in this		
year) Jan 193	occupation 8 47	Other Contributory Causes of importance:	
12. BIRTHPLAC	E (city or town)	Virginia	Skilesses.	oc
(Stata or	country)			191
13. NAME	Henery	Benson	VV	
	LACE (city or town)	NIM	Name of operation Date of	
(Sta	te or country)		What test confirmed diagnosis?	
15. MAIDEN	NAME Lara	miller-	23. If death was dua to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN	ACE (city or town)	10-10-11	Accident, suicide, or homicide?	_
(Sta	ta or country)	J	Where did injury occur?	
T INFORMATION	Himinu 1	2	(Specify city or town, county and	State)
17. INFORMANT (Address		it mid all	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
	MATION, OR REMOVAL	Wor	Manner of Injury	
Place C	enlinary Co	medate 201 28 1985	Nature of injury	
	C416.			110
19. UNDERTAKEI (Address		will thru	24. Was disease or injury In any way related to occupation of decaased?	uo
\nuuiess	- June	o Olivia	If so, specify W CO 111 A A 119	
20. FILED	2 %, 19.35	J. Statler	(Signed)	In M
U		U Registrar.	(Address) - Francisco (Address)	ra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

A	13	5	say	6
U	U	U	1	()

1. PLACE OF DEATH			46-20		
County Garrett			Registration Dist. No. 16	6	
Village or City Hutton	Maryland	•	No. 97	Ward	
			death occurred in a hospital or institution, give its NAME instead of street ar	d number)	
			ds. How long in U.S. if of foreign birth?yrs	_mosds.	
2. FULL NAME Patrick	J. Car	roll			
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town a	1 6	
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	-	
3. SEX 4. COLOR OR RACE	7	RIED, WIDOWED,	21. DATE OF DEATH		
Male White	Widowed	(write the word)	(Month) (Day)	, 193 5	
5a. If married, widowed, or divorced			(Month) (Day)	(Yeer)	
THY Sai Shaffer Can	roll		22. I HEREBY CERTIFY, That I ettend		
		2002	Hee 19" 1934 to Jan 7"	, 19 5 5	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	l b	1861	1 16St Saw II.22 alive Ull.	: death is said	
	Deys	1 day,hrs.	to have occurred on the date steted above, et		
About 74		ormin.	were as follows:	Date of onset	
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	rackman		Nobalia carammal		
9. Industry or business in which work was done, as SILK MILL, B		30	Crapacit security		
SAW MILL, BANK, etc.	& U. R.F	(. CU .			
10. Date deceased last worked at this occupetion (month end year)	11. Total ti sper	me (years)			
	41.2	pation	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) 114 6 01 (State or country)	ı, Maryla	uiu,			
	17				
E Two					
14. BIRTHPLACE (city or town) 15. (State or country)	Laliu		Name of operation Date of		
	taganaba		What test confirmed diegnosis? Was there e		
I			23. If death was due to external causes (VIOL ENCE) fill in also the follow		
16. BIRTHPLACE (city or town) Ire	Lang		Accident, suicide, or homicide? Dete of injury Where did Injury occur?	, 19	
	nter		(Specify city or town, county and S		
17. INFORMANT John T. Faje (Address) Oakland, Mc	i.		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury		
Place Oakland, Md.	Date Jan,	9, ₁₉ 35	Nature of injury		
19. UNDERTAKERA . F . Collins			24. Wes diseese or injury in any wey related to occupation of deceased?		
(Address)Terra Alta,	W.VA.		If so, specify		
20. FILED Jan, 8 , 1935 Jul			(Signed) N. W. III WILLOW.		
The state of the s	ia Rou	Registrar.	(Address) Willand Md.		
Af mor	e blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	-------------------	----	-----------

	LY, WITH UNFADING INK-THIS IS A PERMANENT RICKAD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	PA-
	of in	plu	CCL
+	tem	shor	0 Jo
	ery i	ANS	ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
). E.	SICL	atem
	₹	HYS	t st
	RI	Ī	Exac
	IN	LY	d.
	ANE	CI	ssifie
	RM.	XX	clas
	I PE	H P	erly
	IS	state	prop
	HIS	be	pe
	LI	pluo	may
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	DNG	AGI	tha
	ADI	ed.	S, Se
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	W	efull	in p
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		be	4

STATE OF MARYLAND-CERTIFICATE OF DEATH

00577

1. PLACE OF DEATH	1. PLACE OF DEATH		47-c		
County GARRETT			Registration Dist. No. 166		
Village or City Oaklan		(li	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Galen	Robert Ki	ke			
(a) Residence: No.	(Usual place		St., Ward. If nonresident give city or town and State		
PERSONAL AND STAT	ISTICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RAC Male White		RIED, WIOOWED, D (write the word)	January, 28, 1935 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFTMartha Friend Fike			22. I HEREBY CERTIFY, That I attended deceased from October, 1, 1936 to Jan, 28, 1935		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mont	hs Oays	If LESS than 1 day,hrs. ormin.	I last saw h im alive on Jan, 26, 1935; death is said to have occurred on the date stated above, at 6; P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset		
Note that the control of the control		nt in this	Lympho Sarcoma: Jrimany in media- atimuma Direction: serson months Diggs		
		2	Other Contributory Causes of importance:		
13. NAME L.H. Fike					
14. BIRTHPLACE (city or town) Eglon W.VA. (State or country)			Name of operation Oate of What test confirmed diagnosis? Gland Rode Tipa an autopsy?		
15. MAIDEN NAME Louias	Myers		23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Louias Myers 16. BIRTHPLACE (city or town) Terra Alta, W.VA. (State or country) 17. INFORMANT Thel May Fike (Address) Oakland. Md.		W.VA.	Accident, suicide, or homicide?		
			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Gortner, Md. Date Jan, 31, 35		an, 3h, 35	Manner of injury		
19. UNDERTAKER A.R. Fike (Address) Terra Alt	a, W.VA.		24. Was disease or injury in any way related to occupation of deceased?		
20. FILEO Jan, 30, 1935	Julia Rows	an Registrar.	(Signed) M. D (Address) Oarland M. D		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1 week ago Attack of epilepsy 1915 Arteriosclerosis 1921 Run over by street car 1 week ago Chronic interstitial nephritis 3 days ago Julu 5.1927 Peritonitis Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis 1 year Gallstones May 1.1923

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M) S)	PHYSICIANS should state xact statement of OCCUPA-
V.S.No.1 MARGIN RESERVED FOR BINDING	N. B.—WRITE PLACY, W. J. UNFADING INK—THIS IS A PERMANENT RICE TO Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Gamett	Registration Dist. No. / 6/
Village or City Ineudsville R 72.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mssmssds.
Length of residence in city or town where death occurredyrs,mos.	OS. HOW long in 0.5.11 of foreign buttir!
2. FULL NAME many Jane free	and (
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED,	21. DATE OF DEATH /
Truele white OR DIVORCED (write the word)	tany 193 J
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERT1FY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Qan 1, 1935.	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
0 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Still Bonn
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Badly Distance
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) French of R 7D	Other Contributory Causes of importance:
(State or country) Lamen (State or country)	
I Loude alle med (15)	Name of operation Date of
4 14. BIRTHPLACE (city or town) 7 (State or country) Samuelt nd	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Jane Jankins	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary some furking 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
27. INFORMANT C Ray Friend	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Momming was film, 0, 1935	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED & am 2 1938 Jeannale State	(Signed) M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 0057
1. PLACE OF DEATH	200-0
County 7 acres	Registration Dist. No. /6/
Village or City Sarry Tue Mel	No. St., War- (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U. S. if of foreign birth?yrsmosd
2. FULL NAME Zodaje Friend	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White	21. DATE OF DEATH 27 7 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of acece trued	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fee 27 1852	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Fig. 27 1832 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is sain
85 11 O I day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	I Impossible to name some definite
SAWYER, BOOKKEEPER, etc.	Tare Dead disease, cousing
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	Malerane Can and depths
10. Date deceased last worked at 11. Total time (years)	Caveo
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation	(Nearl probably 2 Nago)
Games Can -	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
8-71 - 9 00	
I IS HAME GOLD THERE	
13. NAME College Gillor town) III de la BIRTHPLACE GILLOR town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?_^^
15. MAIDEN NAME & legalor the 8 mith	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT /Sie	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 10 10 10 10 10 10 10 10 10 10 10 10 10	
(4) (1) (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify and a second and
20. FILED JAN 29, 1935 Jeannelle Statles	(Signed) M. I
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	92-2
County Dayrell	Registration Dist, No. / 6/
Village or City French Scrille My	No. St., Ward
(III	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
Length of residence In city or town where death occurredyraymos	How long in 0.5. If of foreign bitter?
2. FULL NAME Mary Unduda 7	
(a) Residence: No.	St., Ward.
(Usual place of ahode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. MNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH and 18
truale while hidowed	(Mony) (Oay) (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
HUSBANO of aller Lebbs	22. HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19
5011-17-1862	
6. DATE OF BIRTH (month, day, end year)	I last sew h alive on, 19; death is said to have occurred on the date stated above, atm.
7. AGE Years Months Oays If LESS than I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
/ 4 / ormin.	were as follows: Date of onset
Z 8. Trade, profession, or particular Housewella	Sudden
S. Trade, Profession, or Particular Services of Servic	1-1-1-1-0-32
9. Indústry or business in which work was done, as SILK MILL,	DI CONT ACCES
kind of work done, as SPINNER, ADVICED SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceesed last worked at spant in this occupation (month and spant in this	Ma Willedence
this occupation (month and spant in this occupation)	100 20
Change of the control	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	The I al I leave state out
(State or country)	STOR
13. NAME Ryle Vauscer 14. BIRTHPLACE (city or town) Ind	Creek Constitution of the
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Namey the 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?(Specify city or town, county and State)
17 INFORMANT Chus Gibbo.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frendsull mel	
18 BORIAL, CREMATION, OR REMOVAL	Manner of injury
Place TulilbulleBate the 20, 193.5	Neture of Injury
1/1 h Junese	24. Was disease or injury intent way related to occupation of deceased?
19. UNOERTAKER / Nienderslef 2nd.	If so, specify
	(Signed) J. S. Con W. O.
20. FILEO Jan 19, 19 3 5 Jannelle Halle Registrar.	(Address) The water Mig

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLA

1. PLACE O		OF MARY	LAND-	CERTIFICATE OF DEATH	1
County	ant a	211		Registration Dist, No.	
		~~~	(1	NDSt.,  I death occurred in a hospital or izeration, give its NAME instead of street and numb	Wa
2. FULL NA		J Cath	yrsmos	Siaham	••
(a) Residen	ce: No.	(Usual place of	f abode)	St., Ward.  If nonresident give city or town and State	
PERSON	AL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale Jemale	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH Jan. 8	(Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced			22.0 I HEREBY CERTIFY, That I attended dece	
6. DATE OF RIRTH	month, day, and year)	74 8	1935	Alast saw h. At alive on State of the 19 de	ath is s
7. AGE Yea		Days	If LESS than	to have occurred on the data stated above, at 5 f m	atn is s
	Stillborn		1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance	
Z 8. Trade, profes	sion, or particular		01	were as follows:	te of on
	ork doma, as SPINNER, BDDKKEEPER, atc			Lillbon Jan	8-
9 Industry or work was SAW MIL	business in which dona, as SILK MILL, L, BANK, etc			Dianel Placenta	
O 1D. Date decease this occupyear)	ad last worked at pation (month and	11. Total tim spent occup	in this		
12. BIRTHPLACE (cit (State or cour		and mo	èo	Dither Contributory Causes of importance:	
13. NAME	harles Es	Brahas	n	was in boy theseth,	
	(city or town). Buccountry)	chhort	Va.	Name of operation	
15. MAIDEN NA	ME martha	Li Kzis	un	What test confirmed diagnosis?	iy?
16. BIRTHPLACE (Stata or		held .	Do	23. If death was due to axternal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	19
17. INFORMANT (Address)	5 59	Bronge	014	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATI	DN, DR REMOVAL	Dalerin	7 1.36	Manner of injury	
19. UNDERTAKER (Address)	ta To	Thath	less	24. Was disease or injury In any way related to occupation of deceased?  If so, specify	b
20. FILED Jane	8.350	ykar	rick Registrar.	(Signed) (Address) (Address)	M
0	If move	blanks are needed . J.		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-32

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATEMENTS	BY PHYSICIAN
	STATEMENTS

7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	114
	County Change III	Paristative Side W
should of OCC	County Toward Que 4	Registration Dist. No.
sho of	Village or City / Clar	MD. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
- W		de. How long in U. S. if of foreign birth?dsmosds.
ND. Every	0	
E C E	2. FULL NAME AMALS France	
RD. YSI stat	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T R	3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 1935
EN EN ed.	5a. If merried, widowed, or divorced	(Month) (Day) (Year)
BINDING PERMANE? EXACT J y classified te.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
NE X A X A class	6 11 1023	Nat Levence 19
BII ER E	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on; death is said
F 7 7	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 12 Andring ht
FOR IS A stated proper	1 3 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
F IS	8 Trade profession or particular	were as follows: Date of most reporter infor- Date of most
HIS be	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	lucido Williams
A H	9, Industry or business in which	Dear a dece
ERVI VK—T should it may n back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	3757
INE SH	10. Date deceased last worked at this occupation (month and spent in this	freduce Collows on
REST VG I AGE that ons o	this occupation (month and spent in this occupation	10 Contine of
2 4 - 2	Day Rad mad	Other Contributory Causes of importance.
ARGIN JNFADII pplied. terms, so instructi	12. BIRTHPLACE (city or town)	- Mariera Milangulla
ARG] UNFA upplied terms,		Mensel sus Averal
	I IS. NAME	Physician did not see child, water after its leath.
Su su	13. NAME / NAME	Name of operation Date of
	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
be careful be important.	15. MAIDEN NAME ///any face way	23. If deeth was due to external couses (VIOLENCE) fill in also the following:
care CAT Orta	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
AT od	∑ (State or country)	Where did injury occur?
Id be can DEATH y import	17. INFORMANT Many Louis Long	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) Debot Work Min	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
四日前	Place Sel are Victate Jan, 30, 193,	Nature of Injury
8 5 0 5	12/01	
CA	19 UNDERTAKER 1920	24. Was disease or injury in any wey related to occupetion of deceased?
ž g	(Address) Caketa M. (CV)	If so, specify
20	20. FILEDUM 29/1931 /Vall (1 ashly	(Signed) // /2 Col full that the M. D.
× Z (T)	Plu Juliu Nowa Registrar.	(Address)
0	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-6
County Hance	Registration Dist. No. 167
Village or City Lucy Energy	No. St. W
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME / Conny, Coloradam	Hauser
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OB-RACE OR DIVORCED (write the word)	21. DATE OF DEATH 27 , 193.6 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Thet I attended deceased
0 1 1 1 100	, 1933, to 27, 198
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	fast sew h alive on alive on 1935; death is
7. AGE Years Months Oays If LESS than 1 day,hrs	to have occurred on the date vated above, at
ormin.	wera as follows:
SAWYER, BOOKKEEPER, etc.	Carcinoma of Signand Colon 24,
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month end spant in this)	
year) - 3 - Cocupation occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	_
13. NAME Sec. Hanse	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Clinical 13 7 Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury19
(State or country)	Where did injury occur?
7. INFORMANT Dawn Hawa (Address) Oakland Mile (**)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place self-dense controlly Oate Jan 30, 1935	Nature of injury
9. UNDERTAKER AND SOME	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILEO Jan 30, 183 - Chnier O. Shaffe	(Signed) And Chulch
All Registrar.	(Address) Glow, Wila,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
The Carcinomatous mass was in signaid	00000
The Commence was and her signed	agian
light gastro-enteric symptoms were for late.	Sapreng
That I doubt is cast on The signed as The	original.
soint of neathern	0
The state of the s	

certificate.

See instructions on back

TION is very important.

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M	infor	state	UPA.
	of	<u>1</u>	S
	item	shor	o jo
S)	Every	CIVINS	ement
	ED.	S	stat
	RE	х. Ри	Exact
BINDING	ERMANENT RIS. RD. Every item of infor-	EXACTLY. PHYSICIANS should state	y classified. Exact statement of OCCUPA-
BI	ER	7	y

1. PLACE OF DEATH		<u> </u>	
County 7am	w .	Registration Dist. No.	)
Village or City 25 to	an, med PN	No. St	W
		f death occurred in a hospital or institution, give its NAME instead of street and nur	-
Length of rasidence in city or town where	death occurredyrsmos	sds. How long in U.S. if of foraign birth?yrsmos	
2. FULL NAME	to lerns		
(a) Residence: No.	(Usual place of abode)	St., Ward.	
PERSONAL AND STATIST		If nonresident give city or town and Ste	ate
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
France White	OR DIVORCED (write the word)	Ju 30	93 5
5a. If marriad, widowed, or divorcad		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22.   I HEREBY CERTIFY, That I attended dec	ceased f
ſ	)	30 ,1935, to Jan 30	., 193
6. DATE OF BIRTH (month, day, and yaar)	Jan 30 1935	I last saw h aliva on, 19; d	Jaath Is s
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on tha date stated abova, et	
-	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	Date of on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	nous		
₹ 9. Industry or business in which		Alle Donn	
work was done, as SILK MILL, SAW MILL, BANK, etc.		Con alto Cafe hales	
10. Date dacaased last worked at this occupation (month and	11. Total time (years) spent in this	Contract of Contract	
yaar)	occupetion		
12. BIRTHPLACE (city or town)	y Very, IJN	Other Contributory Causes of importance:	
(Stata or country)	Mary Reure		
13. NAME  14. BIRTHPLACE (city or town)	1 Fierres		
14. BIRTHPLACE (city or town)	~ Par. RN	Name of oparation Date of	
(State of Country)	reany lawe	What test confirmed diagnosis? Was there an auto	opsy?
15. MAIDEN NAME TARRELLE (City or town)	N Blerne	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	uppi	Accident, suicide, or homicide? Date of Injury	_, 19
∑ (Stata or country)	Wha	Whare did injury occur?	
17. INFORMANT.	den 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Addrass)	Pars Hork Ma		
18. BURIAL, CREMATION, OR REMOVAL	1= 31 35	Mannar of injury	
// f	Date, 19	Nature of injury	
19 HOERTHARD Shorkel	los,	24. Wes disease or injury In any way related to occupation of daceased?	
(Addrass)	Many many man	If so, spacify	
20. FILED an 3/, 193 5/	mole ( askly	(Signed)	M
Rev. Jule	Registras.	(Addrass)	
// If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	CERTII	FICATE	OF	DEATH
- 1711	~ I	1444 71 7 1 1		OLIVIII		-	

1. PLACE OF	DEATH	J. 1117111			
CountyG	arrett			Registration Dist. No. 1	72
	Vindex		(Ii	NoSt.,_ f death occurred in a hospital or institution, give its NAME instead of street as	Ward
Length of resider	nce in city or town where	death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrs,	.mosds.
2. FULL NAM	E Stillb	orn Kitz	miller		
	: No.	(Usual place		St., Ward.  If nonresident give city or town a	
	L AND STATIST			MEDICAL CERTIFICATE OF DEATH	
unkn.	i. color or race	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Jan. 20.  (Month) (Day)	, 193 <u>5</u> (Year)
5a. If married, widowed, HUSBAND of	, or divorced			22. 1 HEREBY CERT1FY, That I attend	ad danaged from
(or) WIFE of					
S. DATE OF BIRTH (mo	onth, day, and year)	Jan. 20,	1935	I last saw h alive on	
. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession	on, or particular			STILLBIRTH	Date of onset
	k done, as SPINNER, OOKKEEPER, etc				
work was do	one, as SILK MILL.				
10 Data deceased this occupat	ion (month and	sper	ime (years)		
year)			Ipation	Other Contributory Causes of importance;	
(Stata or country	<del></del>				
13. NAME	Roy Frank	lin Kitz	miller		
14. BIRTHPLACE (c	ity or town) Mt.	Storm, W	. Va.	Name of operation Date of	
(State or co				What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME	Helen Com			23. If death was due to external causes (VIOL ENCE) fill in also the follow	ing:
16. BIRTHPLACE (ci	.,,	ex, Md.		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT			** '* * * 7	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	itate) PLACE.
18. BURIAL, CREMATIO	N, OR REMOVAL			Manner of Injury	
Place		Date	, 19	Nature of injury	
19. UNDERTAKER (Address)				24. Was disease or injury in any way related to occupation of deceased?	
20. FILED	, 19		Registrar.	(Signed) (Address) Allanicelles Dil	м. D

V. S. No. 1

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ii	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis

V. S. No. 1

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	058
1. PLACE OF DEATH		(152)	1
County	uns	Registration Dist. No.	6
Village or City Carea	and hose plan	St.,  If death occurred in a hospital or institution, give its NAME instead of street and nu	umber)
Length of residence in city or town whe	re death occurredyrsmo	sds. How long in U.S. if of foreign birth?mos	\$
2. FULL NAME Year	ge Washings.	in Trans	
(a) Residence: No.	40	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	193 (Year
5a. If married, widowed, or divorced HUSBAND of			•
(or) WIFE of		1 HEREBY CERTIFY. That I attended do	eceased
	2015 1802	0000,10	, 19
6. DATE OF BIRTH (month, day, and year) C 7. AGE Years Months	Days   If LESS than	1 2' P	; death is
iedis Wonths	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.99m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
72   7	2	were es follows:	Date of o
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Terms help at	Not serysipelas of face. cws.	<u></u>
9. Industry or business in which work was done, as SILK MILL.	y	beersten of Tun,	Lan"
D SAM MILL DANK oto	Jacom	Ted left side of alast suration : ato	£
10. Date deceased last worked at	11. Total time (years)	and week.	
this occupation (month end year)	spent in this occupation		
m	? Xlen	Other Cantributary Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	ma	-	
TI 13. NAME	Keen		
	the Caronina		
14. BIRTHPLACE (city or town)(State or country)		Name of operation	
	- A / 1 - A	What test confirmed diagnosis? Was there an au	topsy?
I		23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Dete of injury	, 19
(State of County)	n- 1	Where did injury occur? (Specify city or town, county and State)	)
17. INFORMANT	a pearly	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	CE.
18. BURIAL, CREMATION, OR REMOVAL	NEW Jan, MA		
Place The design of the second	Mate 1- 11 1935	Manner of injury	
B		Nature of injury	
19. UNDERTAKER / Jacoban	Leerenson of Co	24. Was disease or injury In any way related to occupation of deceased?	
(Address)	Paul Fred	If so, specify	
20. FILED UN 9, 193.	when Kowan	(Signed)	
	Socal Registrar.	(Address)	
IV m	are blanks are needed address State Peristran	N. Charles Canada Balainens, Barrette Gl. C. N.	

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V. S. No. 1 ä should state

of OCCUPA.

STATE OF MARYLAND	-CERTIFICATE OF DEATH 00586
1. PLACE OF DEATH	
County Canell Co	Registration Dist. No. 168
Village or City Reas Anosthered	No. St., Ward
Length of residence in city of town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Peter Mr. A.	1
(a) Residence: No. Nati : Pibl	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED OR DLYORCED (write the word	
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased term
041-11	here attended privious 19to
6. DATE OF BIRTH (month, day, and yeer)  7. AGE Years Months Oays If LESS that	I last place a live on the data stated at the stated at th
72 3 /6 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	were as follows:  Online  Date of onset
SAWYER, BDOKKEEPER, etc Darmen	Dulmonory Entoles 1-31-3
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation, month and	
1D. Date deceased last worked at this occupation (month and spent in this	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Dther Contributary Causes of importance:
(State or country)	
13. NAME John Lay to 14. BIRTHPLACE (city or town) Surett Co	
14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Anail Franch her	23. If death was due to externel causes (VIOLENCE) filt in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANTS Summer of automotion	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, DR REMOVAL  Place At 2 Date A 2 19.3	Manner of injury
0 10	Neture of injury
19. UNOERTAKER (Addiess)	24. Was disease or injury in any way related to occupation of deceased?  If so, specify 200 200 200 200 200 200 200 200 200 20
20 FILED 7-8 2 19 35 Thomas Cloud	(Signed) M. D. M. D. M. D.
WZU, FILEUZ, TOTAL IS IN THE T	

(Address)

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

### STATE OF MARYLAND-CERTIFICATE OF DEATH

0	A	5	0	17	
U	U	L)	0	6	

1. PLACE OF DEATH	72-0
County Janets	Registration Dist. No. 16/
Village or City Mean Reshause	NoSt., Ward
Length of residence in city or town where death occurred	osds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME ohn tulker	Marlin
(a) Residence (No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	
(or) WIFE of Jane Martin	1 HEREBY CERTIFY, That I attended dacaasad from
6. DATE OF BIRTH (month, day, and year)	last saw ham aliva on January 28K, 1921; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at / Om.
78 4 22 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	metral most fielent.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  SIndustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Data decaasad last workad at this occupation (month and a spent in this	
10. Data decaasad last workad at this occupation (month and year)	
12. BIRTHPLACE (city or towh) Brooksid; (Stata or country)	Othar Coutributory Causes of importance:
13. NAME Christian Martin	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Data of injury, 19
2) (State or country) 2000	Whera did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Eglon. V. Ja.	
18. BURIAL, CREMATION, OR REMOVAL Place A Company of the Company o	Manner of injury
19. UNDERTAKER J. M. School S.	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Carry, 11. Ugs	if so, specify Up
20. FILED Jan 30 1935 Elmer C. Shapler	(Signad) We To Instrualer M. D
Alf Registrar.	(Addrass) Momanie, Wila.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Distributed W. B. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

should state of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH

	County Sa	nett			Registration Dist. No. 163			
	Village or City	nearle	estern		NoSt.	Ward		
	Length of residence in	city or town where	death occurred	17	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmos.			
	2. FULL NAME.	61 1	ANT	MICH		us.		
	(a) Residence: No.				St., Ward.			
ations.	PERSONAL A	ND STATIST	(Usual place of		If nonresident give city or town and State	and a second		
-		OR OR RACE	1		MEDICAL CERTIFICATE OF DEATH			
1	7 2	Sor or race	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH  (Month)  (Day)  (Ye	Bar)		
5a	If married, widowed, or di- HUSBAND of	vorced						
-	(or) WIFE of	ANCe;	5 Mict	WEAL.	22. I HEREBY CERTIFY. That I attended deceased	d from		
6	DATE OF BIRTH (month, d	lay and year)	110 20	1857	I last saw have elive on January 15 1935; death	lo said		
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 10 Pm.	15 Salu		
	77	5	2_	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance			
NO	8. Trade, profession, or kind of work done	8. Trade, profession, or particular kind of work done, as SPINNER, FARMER			Were as follows: Date o	fonset		
OCCUPATION	9. Industry or business work was done, es	in which	J. 1.1. Z.I. 17.1.	= /. \	They and ihi ; chronic " of			
2	SAW MILL, BANK	, etc			- Assertance Assertance			
0	10. Date deceased last w this occupation (m year)	onth and	11. Total tir	ne (years) tin this pation				
12	BIRTHPLACE (city or town	, Car	RREIT	·, C J	Other Coutributory Causes of importance			
-	(State or country)		mp		Secondary anemia			
FATHER	13. NAME	HN.L	MICH	EAL				
AT	14. BIRTHPLACE (city or	town) Co A	BRETT	. Co.	Name of operation Date of			
-	(State or country)		md		What test confirmed diagnosis? Wes there an au'opsy?.			
HER	15. MAIDEN NAME	2chpt	TIA OF	cobs	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
MOT	16. BIRTHPLACE (city or (State or country)		<i></i>		Accident, suicide, or homicide? Date of injury, 19			
17.	INFORMANT Ed	9AR (	MICHE	RL	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
10	(Address)	DEMOVAL						
18	BURIAL, CREMATION, OR		Mote JAN	24,1935	Manner of injury			
19	UNDERTAKER		EDL oc		24. Was disease or injury in any way releted to occupation of deceased?			
	(Address) 7	35-D	ONTV	V. V.A.	If so, specify (Signed) A: Leever	MA		
20.	FILED Jam 12	, 1927	rey! "	Recistrar.	(Address) Ried - A V	тı, <i>U</i> ,		

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-WRITE PLA

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

___ds. How long in U.S. if of foreign birth?_____yrs._____mos._____ds. CERTIFY, That I attended deceased from If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	935t 1 1 3VW	
A,	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	005
9.11		119	69
County Sarren		Registration Dist. No.	1
Village or City Dev Fa	NAC.	ND.  Street NAME instead of street NAME inste	St.,W
Length of rasidence in city, or town where de-		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Clirin	mila 116	perman	ź.
(a) Residence: No.	Trouble Cape	St. Ward.	
(a) Residence: NO.	(Usual place of abode)	If nonresident give city or to	wn and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
3. SEX 4. COLOR OR RACE	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male White	OR DIVORCED (write the word)	Jan 13	, 193 5
5a. If married, widowed, or divorcad		(Month) (Day)	(Year
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I at	
, 0	1 1 - 1 -	Sept. 1935, to Jan.	13,193
6. DATE OF BIRTH (month, day, and year)	16 1934	I last law him alive on Jan 013 1	35; death is
7. AGE Years Months	Days If LESS than	to have occurred on the date slated above, at	
3	27   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	0	PIN	Date olo
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nfaut	Oremalure (1 mo baty)	Sep
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occuration (month and		acute Sysentery	Jan.
10. Data deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	Feeding Case . Improper diet	
80-00	Rab	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)	nakulan	Bettle both	
13. NAME William, C	1 to be and all	Height Same as When born	,
H	b b		
14. BIRTHPLACE (city or town) (State or country)	7 J	Nama of operation Dai	
~ 1 19 - 1	111:0	What test confirmed diagnosis? Was the	
I	nesou	23. If death was dua to axtarnal causes (VIDL ENCE) fill in also the fo	
16. BIRTHPLACE (city or town)	it letter	Accident, suicide, or homicide? Date of injury_	, 19
(Stata or country)	1110	Whose did injust cours?	

TION is very important. -WRITE PL V. S. No. 1 B

(Address)

(Address)

17. INFORMANT

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

Where did injury occur?__

(Address)

Manner of injury Natura of injury

If so, specify

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		1	

Registrar.

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Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____yrs. ____mos. ____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) HEREBY CERTIFY That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Other Contributory Causes of importance Date of 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Address)

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